



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

VOLUNTEER EXAMINER'S CERTIFICATION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101

To: All participating W5YI Volunteer Examiners

From: Fred Maia, W5YI-VEC

The FCC rules require certification from VE's that all expenses reimbursed during the calendar year were reasonable and necessary.

W5YI-VEC divides testing fees with its volunteer examining teams since there are test session expenses which must be paid. While we realize that most VE's do not receive any of these funds, (since disbursements are usually handled by the Contact VE,) we still need certifications from each VE that did participate in a testing session.

Additionally, every participating VE should agree that all examinations administered at this session were given fairly and according to the rules and regulations of the FCC and W5YI-VEC. The contact VE's should make sure that all VE's participating in an examination session agree with the testing procedures and sign this form. It must be returned along with the results of the examination and will be kept on file by W5YI for the calendar year.

THANK YOU for your cooperation

VOLUNTEER EXAMINERS' CERTIFICATION:

All expenses for this calendar year, including this examination, associated with the Amateur Radio Service Volunteer Examination program for which reimbursement was obtained were necessarily and prudently incurred.

I concur that all examinations administered at this session were given fairly and in accordance with the rules and regulations of the FCC and W5YI-VEC.

CONTACT VE:

Jon E. Jeleny N6FDR 5652 MAR Vista, Cal. 8-24-91
Signature Call Sign VE # Examination Session Location Date

OTHER VE'S THAT PARTICIPATED IN THIS EXAMINATION SESSION:

[Signature] N6UBW 7059
Signature Call Sign VE #

Robert G. [Signature] N6MSO 9593A
Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

(Use reverse side of form if additional Volunteer Examiners were used.)

W5YI-VEC -- VOLUNTEER EXAMINER PROGRAM
MANIFEST OF APPLICANTS
 BEING ADMINISTERED AMATEUR RADIO EXAMINATIONS

Place of Examination: (City & State) Mar Vista, Calif.

Date of Exam: 8-24-91

List all applicants taking amateur radio operator examinations and the pass/fail results for each element administered.

			CHECK APPLICABLE BOXES									
	NAME OF APPLICANT	CALL SIGN	PHONE NUMBER	5-WPM	13-WPM	20-WPM	Novice	Tech.	General	Advan.	Extra	UPGR?
				El. 1(A)	El. 1(B)	El. 1(C)	El. 2	El. 3(A)	El. 3(B)	El. 4(A)	El. 4(B)	
				Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Yes
				Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	No
1.	Rick Stenlake	NONE	213-335-4606				/	/				/
2.	Robert Reeves	NONE	213-257-2088				/	/				/
3.	James Pham	NONE	213-679-7267				/	/				/
4.	Sergio Fernandez	NONE	213-721-7100				/	/				/
5.	Sandra Moore	NONE	213-379-7586				/	/				/
6.	Christine McElwain	NONE	818-368-2123				/	/				/
7.	George Madrid	NONE	213-225-0004				/	/				/
8.	Gloria Stover	NONE	818-341-4882					/				/
9.												
10.												
11.												
12.												
13.												
14.												
15.												
PAGE TOTALS:				00	00	00	7	8	0	0	0	8

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Attachment 18
Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VE's REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class <input checked="" type="checkbox"/>	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	<input checked="" type="checkbox"/>	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: <input checked="" type="checkbox"/>			Exp Date					
D. Examination elements passed that were administered at this session:	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:		H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)		8-24-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))		I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))									
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))									
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))									
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)									
W B Y I									
G. Examination session location: (VEC coordinated sessions only)									
MAR Vista, CA									

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>	EXPIRATION DATE (Month, Day, Year)		
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE			
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)		
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)			
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>	FORMER FIRST NAME MIDDLE INITIAL		
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
GLORIA	G	STOVER	
6. DATE OF BIRTH (Month, Day, Year)			
1/25/26			
7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
8851 BEOKUK	WINNETKA	CA	91306
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)			
SAME AS #7		CITY	STATE
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
Gloria S Stover	8-24-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II—EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

W5YI-VEC

National Volunteer Examiner Coordinator

This certifies that:

DATE OF ISSUE: 6-30-91

CITY/STATE (Session Site)

Malibu, CA

Gloria G. Stover
NAME

None
STATION CALL SIGN

8851 Keokuk Ave.
NUMBER AND STREET

Winnetka,
CITY

CA
STATE

91306
ZIP

has SUCCESSFULLY PASSED the following elements:

☒ 1(A) 5 wpm ☐ 1(B) 13 wpm ☐ 1(C) 20 wpm ☒ 2 ☐ 3(A) ☐ 3(B) ☐ 4(A) ☐ 4(B)

and will be given credit for this examination element when the appropriate additional examination element is (re)taken at a subsequent examination session within one year of the date of issue of this certificate.

has SUCCESSFULLY PASSED all elements for the following operator license class:

☒ Novice, ☐ Technician, ☐ General, ☐ Advanced, ☐ Amateur Extra.

If you already have an FCC-issued amateur radio license, this certificate validates temporary (Interim) operation with the rights and privileges of your new operator class (see Section 97.35 of the Commission's Rules) until you receive the license for your new operator class, or for a period of one year of the date of issue of this certificate, whichever comes first.

When operating on an Interim basis in the telegraphy mode, you must append your call sign with /KT (Technician), /AG (General), /AA (Advanced) or /AE (Extra Class). Use the word "Temporary" before the Identifier (KT, AG, AA or AE) when operating in the voice mode.

THIS CERTIFICATE IS NOT A LICENSE PERMIT OR ANY OTHER KIND OF OPERATING AUTHORITY



Gloria G. Stover
SIGNATURE OF APPLICANT

VOLUNTEER EXAMINERS

SIGNATURE	VE-#	STATION CALL SIGN
(1) <i>Richard L. Bry</i>	7059	N6CIB
(2) <i>Carl F. Sain</i>	6011	KA6BPA
(3) <i>Jon E. Deblamy</i>	5652	N6FDR

W5YI-VEC; NATIONAL VOLUNTEER EXAMINER COORDINATOR

FREDERICK O. MAIA, W5YI

P.O. Box 565101; Dallas, Texas; 75356 • Tel: (817) 461-8443

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: GLORIA G. STOVER

Element: 3A

Test Series: 47648

Date: 8/21/10

Signature: Gloria G. Stover

- [1.] A ☐ B ☒ C ☐ D ☐
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
- [4.] A ☐ B ☐ C ☒ D ☐
- [5.] A ☐ B ☐ C ☐ D ☒
- [6.] A ☒ B ☐ C ☐ D ☐
- [7.] A ☐ B ☐ C ☒ D ☐
- [8.] A ☐ B ☒ C ☒ D ☐
- [9.] A ☐ B ☒ C ☐ D ☐
- [10.] A ☐ B ☐ C ☐ D ☒
- [11.] A ☒ B ☒ C ☐ D ☐
- [12.] A ☒ B ☐ C ☐ D ☐
- [13.] A ☒ B ☐ C ☐ D ☐
- [14.] A ☐ B ☐ C ☐ D ☒
- [15.] A ☐ B ☐ C ☒ D ☐
- [16.] A ☒ B ☐ C ☐ D ☐
- [17.] A ☒ B ☒ C ☐ D ☐
- [18.] A ☐ B ☒ C ☐ D ☐
- [19.] A ☐ B ☒ C ☐ D ☐
- [20.] A ☒ B ☐ C ☒ D ☐
- [21.] A ☒ B ☐ C ☐ D ☒
- [22.] A ☐ B ☐ C ☐ D ☒
- [23.] A ☐ B ☐ C ☒ D ☐
- [24.] A ☐ B ☐ C ☒ D ☒
- [25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
 Quest- Correct
 ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐
- [27.] A ☐ B ☐ C ☐ D ☐
- [28.] A ☐ B ☐ C ☐ D ☐
- [29.] A ☐ B ☐ C ☐ D ☐
- [30.] A ☐ B ☐ C ☐ D ☐
- [31.] A ☐ B ☐ C ☐ D ☐
- [32.] A ☐ B ☐ C ☐ D ☐
- [33.] A ☐ B ☐ C ☐ D ☐
- [34.] A ☐ B ☐ C ☐ D ☐
- [35.] A ☐ B ☐ C ☐ D ☐
- [36.] A ☐ B ☐ C ☐ D ☐
- [37.] A ☐ B ☐ C ☐ D ☐
- [38.] A ☐ B ☐ C ☐ D ☐
- [39.] A ☐ B ☐ C ☐ D ☐
- [40.] A ☐ B ☐ C ☐ D ☐
- [41.] A ☐ B ☐ C ☐ D ☐
- [42.] A ☐ B ☐ C ☐ D ☐
- [43.] A ☐ B ☐ C ☐ D ☐
- [44.] A ☐ B ☐ C ☐ D ☐
- [45.] A ☐ B ☐ C ☐ D ☐
- [46.] A ☐ B ☐ C ☐ D ☐
- [47.] A ☐ B ☐ C ☐ D ☐
- [48.] A ☐ B ☐ C ☐ D ☐
- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

Attachment 19

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VES' REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):		Class <input checked="" type="checkbox"/>		(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:				Exp Date					
D. Examination elements passed that were administered at this session:							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8-24-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)				W5YI GROUP							
G. Examination session location: (VEC coordinated sessions only)				MAR VISTA, CA							

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>		EXPIRATION DATE (Month, Day, Year)	
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>		FORMER LAST NAME SUFFIX (Jr., Sr., etc.)	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE		FORMER FIRST NAME MIDDLE INITIAL	
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)			
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
CHRISTINE	F	Mc ELWAIN	
6. DATE OF BIRTH (Month, Day, Year)			
9-18-44			
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE ZIP CODE
10331 LINDLEY #141		NORTHRIDGE	CA 91326
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)			
SAME AS NUMBER 7		CITY	STATE
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
Christine F. McElwain	8-24-91

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: CHRISTINE F. McEWAIN

A
PASSED
R60

Element: 3A Test Series: J901 Date: 8/24/91 Signature: Christine F. McEwain

- [1.] A ☐ B ☐ C ☐ D ☒
- [2.] A ☐ B ☒ C ☐ D ☐
- [3.] A ☐ B ☐ C ☒ D ☐
- [4.] A ☐ B ☐ C ☐ D ☒
- [5.] A ☐ B ☐ C ☒ D ☐
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- [24.] A ☒ B ☒ C ☐ D ☐
- [25.] A ☐ B ☐ C ☐ D ☒

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

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Element 3B

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ADVANCED

Element 4A

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Element 4B

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- [26.] A ☐ B ☐ C ☐ D ☐
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- [45.] A ☐ B ☐ C ☐ D ☐
- [46.] A ☐ B ☐ C ☐ D ☐
- [47.] A ☐ B ☐ C ☐ D ☐
- [48.] A ☐ B ☐ C ☐ D ☐
- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name:

CHRISTINE F. McEWAIN

Element: 2 Test Series: 1190 Date: 8-24-91 Signature: Christine F. McEwain

- [1.] A ☐ B ☐ C ☒ D ☐
[2.] A ☐ B ☒ C ☐ D ☐
[3.] A ☐ B ☐ C ☐ D ☒
[4.] A ☐ B ☐ C ☐ D ☒
[5.] A ☐ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☐ D ☒
[8.] A ☐ B ☒ C ☐ D ☐
[9.] A ☐ B ☐ C ☐ D ☒
[10.] A ☒ B ☐ C ☐ D ☐
[11.] A ☐ B ☐ C ☐ D ☒
[12.] A ☐ B ☐ C ☒ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☒ B ☐ C ☐ D ☐
[16.] A ☐ B ☒ C ☒ D ☐
[17.] A ☐ B ☐ C ☐ D ☒
[18.] A ☒ B ☐ C ☐ D ☐
[19.] A ☐ B ☐ C ☒ D ☐
[20.] A ☐ B ☒ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☐ C ☐ D ☒
[23.] A ☐ B ☒ C ☐ D ☐
[24.] A ☐ B ☒ C ☐ D ☐
[25.] A ☐ B ☐ C ☒ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE
Element 2
30 22

TECHNICIAN
Element 3A
25 19

GENERAL
Element 3B
25 19

ADVANCED
Element 4A
50 37

EXTRA CLASS
Element 4B
40 30



- [26.] A ☐ B ☐ C ☐ D ☒
[27.] A ☐ B ☒ C ☐ D ☐
[28.] A ☒ B ☐ C ☐ D ☒
[29.] A ☐ B ☐ C ☐ D ☒
[30.] A ☐ B ☐ C ☒ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEs' REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/> A				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):		Class <input checked="" type="checkbox"/> NT		(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:				Exp Date					
D. Examination elements passed that were administered at this session:							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8/24/91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)											
WFYI GROUP											
G. Examination session location: (VEC coordinated sessions only)											
Mar Vista, CA											

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>		EXPIRATION DATE (Month, Day, Year)	
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE		FORMER LAST NAME SUFFIX (Jr., Sr., etc.)	
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)		FORMER FIRST NAME MIDDLE INITIAL	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
George	A	Madrid	
6. DATE OF BIRTH (Month, Day, Year)			
4/2/53			
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE ZIP CODE
2612 1/2 Darwin Ave		Los Angeles	CA 90031
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)		CITY	STATE
Same as # 7			
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
George A. Madrid	8/24/91

Attachment 20

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: George A. Madrid

Element: 2 Test Series: 11901 Date: 8/24/91 Signature: George A. Madrid

- [1.] A ☐ B ☐ C ☒ D ☐
[2.] A ☐ B ☒ C ☐ D ☐
[3.] A ☐ B ☐ C ☐ D ☒
[4.] A ☐ B ☐ C ☐ D ☒
[5.] A ☐ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☐ D ☒
[8.] A ☐ B ☒ C ☐ D ☐
[9.] A ☐ B ☐ C ☐ D ☒
[10.] A ☐ B ☐ C ☒ D ☐
[11.] A ☐ B ☐ C ☐ D ☒
[12.] A ☐ B ☐ C ☒ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☒ B ☐ C ☐ D ☐
[16.] A ☐ B ☐ C ☒ D ☐
[17.] A ☐ B ☐ C ☐ D ☒
[18.] A ☒ B ☐ C ☐ D ☐
[19.] A ☐ B ☐ C ☒ D ☐
[20.] A ☐ B ☒ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☐ C ☐ D ☒
[23.] A ☐ B ☒ C ☐ D ☐
[24.] A ☐ B ☒ C ☐ D ☐
[25.] A ☐ B ☐ C ☒ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☒
[27.] A ☐ B ☒ C ☐ D ☐
[28.] A ☒ B ☐ C ☐ D ☐
[29.] A ☐ B ☒ C ☐ D ☐
[30.] A ☐ B ☐ C ☒ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: George A. Madrid

#47648

Element: 3A Test Series: 1.2 Date: 8/24/91 Signature: George A. Madrid

- [1.] A ☐ B ☒ C ☐ D ☐
[2.] A ☒ B ☐ C ☐ D ☐
[3.] A ☐ B ☒ C ☐ D ☐
[4.] A ☐ B ☐ C ☒ D ☐
[5.] A ☐ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☒ C ☐ D ☐
[8.] A ☐ B ☐ C ☒ D ☐
[9.] A ☐ B ☒ C ☐ D ☐
[10.] A ☐ B ☐ C ☐ D ☒
[11.] A ☒ B ☐ C ☐ D ☐
[12.] A ☒ B ☐ C ☐ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☐ B ☐ C ☒ D ☐
[16.] A ☒ B ☐ C ☐ D ☐
[17.] A ☒ B ☐ C ☐ D ☐
[18.] A ☐ B ☒ C ☐ D ☐
[19.] A ☐ B ☒ C ☐ D ☐
[20.] A ☒ B ☐ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☒ C ☐ D ☐
[23.] A ☐ B ☐ C ☒ D ☐
[24.] A ☐ B ☐ C ☒ D ☐
[25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐
[27.] A ☐ B ☐ C ☐ D ☐
[28.] A ☐ B ☐ C ☐ D ☐
[29.] A ☐ B ☐ C ☐ D ☐
[30.] A ☐ B ☐ C ☐ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

Attachment 21

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VE's REPORT			EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>			1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)): Class <input checked="" type="checkbox"/>			(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):			Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)): Number: <input checked="" type="checkbox"/>					Exp Date					
D. Examination elements passed that were administered at this session: <input checked="" type="checkbox"/>						X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:			H. Date of VEC coordinated examination session: 8-24-91							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)										
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))										
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))										
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))										
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))										
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only) W5YI-GROUP										
G. Examination session location: (VEC coordinated sessions only) Mar Vista, CA										

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>		EXPIRATION DATE (Month, Day, Year)	
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE		FORMER LAST NAME SUFFIX (Jr., Sr., etc.)	
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)		FORMER FIRST NAME MIDDLE INITIAL	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME RICHARD	M.I. S	LAST NAME STENLAKE	SUFFIX (Jr., Sr., etc.)
6. DATE OF BIRTH (Month, Day, Year) 6-3-51			
7. CURRENT MAILING ADDRESS (Number and Street) 12066 COYNE ST		CITY LOS ANGELES	STATE CA ZIP CODE 90049
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8) SAME AS #7			
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT

U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5) <i>Richard Stenlake</i>	14. DATE SIGNED: 8-24-91
---	--------------------------

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II—EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print) Name: RICHARD S. STENLAKE

3
PASSED
RSC

Element: 2 Test Series: H901 Date: 8-24-91 Signature: [Signature]

- [1.] A ☒ B ☐ C ☒ D ☐
[2.] A ☐ B ☒ C ☐ D ☐
[3.] A ☐ B ☐ C ☐ D ☒
[4.] A ☐ B ☐ C ☐ D ☒
[5.] A ☒ B ☒ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☐ D ☒
[8.] A ☐ B ☒ C ☐ D ☐
[9.] A ☐ B ☐ C ☐ D ☒
[10.] A ☒ B ☐ C ☐ D ☐
[11.] A ☐ B ☐ C ☐ D ☒
[12.] A ☐ B ☐ C ☒ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☒ B ☐ C ☐ D ☐
[16.] A ☐ B ☐ C ☒ D ☐
[17.] A ☐ B ☐ C ☐ D ☒
[18.] A ☒ B ☐ C ☐ D ☐
[19.] A ☐ B ☐ C ☒ D ☐
[20.] A ☐ B ☒ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☐ C ☐ D ☒
[23.] A ☐ B ☒ C ☐ D ☐
[24.] A ☐ B ☒ C ☐ D ☐
[25.] A ☐ B ☐ C ☒ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☒
[27.] A ☐ B ☒ C ☐ D ☐
[28.] A ☒ B ☐ C ☐ D ☐
[29.] A ☐ B ☐ C ☐ D ☒
[30.] A ☒ B ☐ C ☒ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name:

RICHARD S. STENLAGE

0
PASSED
RW

Element:

3A

Test Series:

47642

Date:

8-24-91

Signature:

Richard S. Stenlage

- [1.] A ☐ B ☒ C ☐ D ☐
[2.] A ☒ B ☐ C ☐ D ☐
[3.] A ☐ B ☒ C ☐ D ☐
[4.] A ☐ B ☐ C ☒ D ☐
[5.] A ☐ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☒ D ☐
[8.] A ☐ B ☐ C ☒ D ☐
[9.] A ☐ B ☒ C ☐ D ☐
[10.] A ☐ B ☐ C ☐ D ☒
[11.] A ☒ B ☐ C ☐ D ☐
[12.] A ☒ B ☐ C ☐ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☐ B ☐ C ☒ D ☐
[16.] A ☒ B ☐ C ☐ D ☐
[17.] A ☒ B ☐ C ☐ D ☐
[18.] A ☐ B ☒ C ☐ D ☐
[19.] A ☐ B ☒ C ☐ D ☐
[20.] A ☒ B ☐ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☐ C ☐ D ☒
[23.] A ☐ B ☐ C ☒ D ☐
[24.] A ☐ B ☐ C ☒ D ☐
[25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐
[27.] A ☐ B ☐ C ☐ D ☐
[28.] A ☐ B ☐ C ☐ D ☐
[29.] A ☐ B ☐ C ☐ D ☐
[30.] A ☐ B ☐ C ☐ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
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[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VES REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):		Class <input checked="" type="checkbox"/>		(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:				Exp Date					
D. Examination elements passed that were administered at this session:							X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8-24-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)				W5YI Group							
G. Examination session location: (VEC coordinated sessions only)				Mar Vista, CA							

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>		EXPIRATION DATE (Month, Day, Year)	
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE		FORMER LAST NAME SUFFIX (Jr., Sr., etc.)	
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)		FORMER FIRST NAME MIDDLE INITIAL	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
Sandra	L.	Moore	
6. DATE OF BIRTH (Month, Day, Year)			
5-1-48			
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE ZIP CODE
1902 Ripley Ave		Redondo Beach	CA 90278
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)			
Same as # 7		CITY	STATE
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001**

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
Sandra L. Moore	8-24-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II—EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: _____

Element: 3A

Test Series: 1.2

Date: 8/20/00

Signature: _____

- [1.] A ☐ B ☒ C ☐ D ☐
 [2.] A ☒ B ☐ C ☐ D ☐
 [3.] A ☐ B ☒ C ☐ D ☐
 [4.] A ☐ B ☐ C ☒ D ☐
 [5.] A ☐ B ☐ C ☐ D ☒
 [6.] A ☒ B ☐ C ☐ D ☐
 [7.] A ☐ B ☐ C ☒ D ☐
 [8.] A ☐ B ☐ C ☒ D ☐
 [9.] A ☐ B ☒ C ☐ D ☐
 [10.] A ☐ B ☐ C ☐ D ☒
 [11.] A ☒ B ☐ C ☐ D ☐
 [12.] A ☒ B ☐ C ☐ D ☐
 [13.] A ☒ B ☐ C ☐ D ☐
 [14.] A ☐ B ☐ C ☐ D ☒
 [15.] A ☐ B ☐ C ☒ D ☐
 [16.] A ☐ B ☐ C ☐ D ☒
 [17.] A ☒ B ☐ C ☐ D ☐
 [18.] A ☐ B ☒ C ☐ D ☐
 [19.] A ☐ B ☒ C ☐ D ☐
 [20.] A ☒ B ☐ C ☐ D ☐
 [21.] A ☒ B ☐ C ☐ D ☐
 [22.] A ☐ B ☐ C ☐ D ☒
 [23.] A ☐ B ☐ C ☒ D ☐
 [24.] A ☐ B ☐ C ☒ D ☐
 [25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
 Quest- Correct
 ions to pass:

NOVICE

Element 2
 30 22

TECHNICIAN

Element 3A
 25 19

GENERAL

Element 3B
 25 19

ADVANCED

Element 4A
 50 37

EXTRA CLASS

Element 4B
 40 30



- [26.] A ☐ B ☐ C ☐ D ☐
 [27.] A ☐ B ☐ C ☐ D ☐
 [28.] A ☐ B ☐ C ☐ D ☐
 [29.] A ☐ B ☐ C ☐ D ☐
 [30.] A ☐ B ☐ C ☐ D ☐
 [31.] A ☐ B ☐ C ☐ D ☐
 [32.] A ☐ B ☐ C ☐ D ☐
 [33.] A ☐ B ☐ C ☐ D ☐
 [34.] A ☐ B ☐ C ☐ D ☐
 [35.] A ☐ B ☐ C ☐ D ☐
 [36.] A ☐ B ☐ C ☐ D ☐
 [37.] A ☐ B ☐ C ☐ D ☐
 [38.] A ☐ B ☐ C ☐ D ☐
 [39.] A ☐ B ☐ C ☐ D ☐
 [40.] A ☐ B ☐ C ☐ D ☐
 [41.] A ☐ B ☐ C ☐ D ☐
 [42.] A ☐ B ☐ C ☐ D ☐
 [43.] A ☐ B ☐ C ☐ D ☐
 [44.] A ☐ B ☐ C ☐ D ☐
 [45.] A ☐ B ☐ C ☐ D ☐
 [46.] A ☐ B ☐ C ☐ D ☐
 [47.] A ☐ B ☐ C ☐ D ☐
 [48.] A ☐ B ☐ C ☐ D ☐
 [49.] A ☐ B ☐ C ☐ D ☐
 [50.] A ☐ B ☐ C ☐ D ☐

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name:

Sandra L. Moore

Element: 2

Test Series: 100

Date: 8/21/11

Signature: [Signature]

- [1.] A ☒ B ☐ C ☐ D ☐
[2.] A ☐ B ☒ C ☐ D ☐
[3.] A ☐ B ☐ C ☐ D ☒
[4.] A ☐ B ☐ C ☐ D ☒
[5.] A ☒ B ☐ C ☐ D ☐
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☐ D ☒
[8.] A ☐ B ☒ C ☐ D ☐
[9.] A ☐ B ☐ C ☐ D ☒
[10.] A ☒ B ☐ C ☐ D ☐
[11.] A ☐ B ☐ C ☐ D ☒
[12.] A ☐ B ☐ C ☒ D ☐
[13.] A ☐ B ☐ C ☐ D ☒
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☒ B ☐ C ☐ D ☐
[16.] A ☐ B ☐ C ☒ D ☐
[17.] A ☐ B ☐ C ☐ D ☒
[18.] A ☒ B ☐ C ☐ D ☐
[19.] A ☐ B ☐ C ☒ D ☐
[20.] A ☐ B ☒ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☐ C ☐ D ☒
[23.] A ☐ B ☒ C ☐ D ☐
[24.] A ☐ B ☒ C ☐ D ☐
[25.] A ☐ B ☐ C ☒ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☒
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[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
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[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VES' REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: \rightarrow		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class \rightarrow	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	\rightarrow	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: \rightarrow			Exp Date					
D. Examination elements passed that were administered at this session:	\rightarrow				X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:		H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)		8-24-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))		I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))									
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))									
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))									
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)									
W5YI GROUP									
G. Examination session location: (VEC coordinated sessions only)									
MAR VISTA, CA.									

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES \rightarrow	EXPIRATION DATE (Month, Day, Year)		
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS \rightarrow			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)		
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL		
2F. <input type="checkbox"/> CHANGE NAME (Give former name) \rightarrow			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year)
SERGIO	V	FERNANDEZ	3-12-59
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE ZIP CODE
2601 PALA LIBRE		MONTEBELLO	CA 90640
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)			
SAME AS ITEM #7		CITY	STATE
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
<i>Sergio Fernandez</i>	8-24-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: SERGIO V. FERNANDEZ

2
PASSED
K6O

Element: 3A Test Series: 12# ⁴⁷⁶⁴⁸ Date: 3-21-91 Signature: Sergio Fernandez

- [1.] A ☐ B ☒ C ☐ D ☐
[2.] A ☒ B ☐ C ☐ D ☐
[3.] A ☐ B ☒ C ☐ D ☐
[4.] A ☐ B ☐ C ☒ D ☐
[5.] A ☐ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☒ C ☒ D ☐
[8.] A ☐ B ☐ C ☒ D ☐
[9.] A ☐ B ☒ C ☐ D ☐
[10.] A ☐ B ☐ C ☐ D ☒
[11.] A ☒ B ☐ C ☐ D ☐
[12.] A ☒ B ☐ C ☐ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☐ B ☐ C ☒ D ☐
[16.] A ☒ B ☐ C ☐ D ☐
[17.] A ☒ B ☐ C ☐ D ☐
[18.] A ☐ B ☒ C ☐ D ☐
[19.] A ☐ B ☒ C ☐ D ☐
[20.] A ☒ B ☐ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☒ B ☐ C ☐ D ☒
[23.] A ☐ B ☐ C ☒ D ☐
[24.] A ☐ B ☐ C ☒ D ☐
[25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐
[27.] A ☐ B ☐ C ☐ D ☐
[28.] A ☐ B ☐ C ☐ D ☐
[29.] A ☐ B ☐ C ☐ D ☐
[30.] A ☐ B ☐ C ☐ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: SERGIO V FERNANDEZ

10
PASSED
RLO

Element: 2 Test Series: H901 Date: 8-24-91 Signature: Sergio V. Fernandez

- [1.] A ☐ B ☐ C ☒ D ☐
[2.] A ☐ B ☒ C ☐ D ☐
[3.] A ☐ B ☐ C ☐ D ☒
[4.] A ☐ B ☐ C ☐ D ☒
[5.] A ☐ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☐ D ☒
[8.] A ☐ B ☒ C ☐ D ☐
[9.] A ☐ B ☐ C ☐ D ☒
[10.] A ☒ B ☐ C ☐ D ☐
[11.] A ☐ B ☐ C ☐ D ☒
[12.] A ☐ B ☐ C ☒ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☒ B ☐ C ☐ D ☐
[16.] A ☐ B ☐ C ☒ D ☐
[17.] A ☐ B ☐ C ☐ D ☒
[18.] A ☒ B ☐ C ☐ D ☐
[19.] A ☐ B ☐ C ☒ D ☐
[20.] A ☐ B ☒ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☐ B ☐ C ☐ D ☒
[23.] A ☐ B ☒ C ☐ D ☐
[24.] A ☐ B ☒ C ☐ D ☐
[25.] A ☐ B ☐ C ☒ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☒
[27.] A ☐ B ☒ C ☐ D ☐
[28.] A ☒ B ☐ C ☐ D ☐
[29.] A ☐ B ☐ C ☐ D ☒
[30.] A ☐ B ☐ C ☒ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
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[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
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